

NORTHERN MICHIGAN
REGIONAL HEALTH SYSTEM
INFECTION CONTROL COMMITTEE
MAY 21, 2003
MINUTES

PRESENT: H.Gunner Deery, MD; Ruth T-Nelle, RN; Pat Guillaume, RN (Health Dept.), Therese Carson, Marcia Shattuck, MD; Pat Brady, RN(Surgery); Gretchen Schrage (PI); Ken Hebert (Safety); Dan Engstrom, Pharmacist; Lynda O-Brien, (Cath Lab); Jon Sangeorzan, MD; Joshua Meyerson, MD(Health Dept)

EXCUSED: : Ingrid Flemming, Michele Adeline

ALSO PRESENT: Chris Stanek (Ambulatory Surgery).

GUEST:

CALL TO ORDER

Chairman H. Gunner Deery, MD called the meeting to order at 12:00 noon in the BDDR.

APPROVAL OF MINUTES FROM PREVIOUS MEETING

The minutes of the March 19, 2003 meeting were reviewed and accepted.

COMMITTEE AGENDA

1. Phlebitis HFMEA

Overview presented on what a HFMEA is, the process, it is a proactive risk assessment, and why phlebitis was selected. Included the team working on the project and where we are in the process. Will keep the ICC apprised on our progress and ask for the Committee's input as needed.

Actions: None by the ICC at this time

Follow-up: Updates will be provided to the ICC periodically.

2. Device associated infections in the ICU

Our UTI rate for the first quarter is 8.28/1000 device days compared to the NNIS mean of 3.80. This is a significant increase from our overall rate of 5.06 for 2002. Our utilization ratio actually dropped at the same time the infection rate increased. The majority of UTI's have occurred in females and are related to gram-negative organisms, which are not impacted by the Bard silver/hydrogel urinary catheter which most of the patients have had in place.

Our VAP rate is 12.01/1000 device days compared to the NNIS mean of 5.27. There was a change in how VAP's are classified in 2002 and as a result the NNIS mean is lower.

than/in previous years. This upward trend has been occurring in the last 2 quarters. Our utilization ration dropped while the infection rate increased. The VAP's occurred 3-8 days post intubation. with no pattern of organisms identified.

Our BSI rate is 5.45/1000 device days compared with the NNIS mean of 3.79. This is the highest rate we have ever had. The BSI's occurred between day 6-10 after insertion and Coag negative staph was the organism for each one. There was no change in our utilization ration.

Actions: ICP did presentation at ICU/CVU JCAHO review days in April. Data presented along with methods to reduce all 3 types of infections. Also placed storyboard in both units with above info so staff could review.

ICP met with RT dept. 5/8/03 to review rise in VAPS and problem solve. Reminder to date things, keep extension piece on ambu bags to protect from contamination, handling of nebs, etc. WHAP VAP poster being designed to post in rooms.

Instituting Chloraprep skin prep for inserting lines and routine site

Follow-up: Ongoing surveillance.

3. Summary of Educational presentations

- a. The house wide conversion to safety needles/syringes occurred in March, 2003.
- b. Refer to Actions above for ICU/CVU JCAHO readiness day.
- c. CDC hand hygiene guidelines were reviewed with all direct patient care departments between March-May. ICP went to UBCs and Departmental meetings.
- d. Upcoming video: Infection Control/Chain Reaction has been purchased and will be shown to all nursing units with a posttest.
- e. ICP planning on doing education about properly securing urinary catheters with our Cath secure. Often times people don't use it properly.
- f. There will be upcoming education related to the Phlebitis HFMEA. The IV therapy department will be responsible for this.

4. Handwashing observations in ICU

Nursing is unchanged at 92% when compared to 2002. Physician rate dropped but there were only 5 observations, RT rate improved to 100% and Phlebotomists rate improved to 92%.

Actions: See above for education

Follow up: Quarterly observations in the ICU

5. Hemodialysis data

We continue to do well in all areas when comparing ourselves to other Hemodialysi Centers. In addition, our incidences with Temporary Catheters have been dropping over time. This is felt to be due to institution of the Biopatch and there have been fewer temporary catheters. More hemodialysis patients have more permanent access types.

Actions: None indicate

Follow-up: Ongoing surveillance

6. Brief smallpox vaccination update

We vaccinated 31 people here at NMH, with all but one having major takes. There were no serious adverse reactions.

7. Policy update

- a. The Housekeeping policies have been reviewed and approved. They will be available on-line.
- b. The BSE policy has been overhauled and reviewed by Dr. Deery. He recommended that the Committee approved it.
- c. A new policy has been written for monitoring refrigerator temperatures. It is in the review phase. This was in response to the implementation of electronic thermometers in many areas of the hospital and problems that were noted when the change occurred.
- d. A draft policy was presented to Nurse Exec regarding banning artificial fingernails in direct patient care providers. The policy is to be phased in by January, 2004. This will allow time for people to grow out their natural nails and to educate staff on the rationale.

8. SARS

Discussion about the ER being on the alert for potential cases. They have a screening tool along with information about infection control measures, etc. Also discussed information about specimen collection. ICP provided information to the Internal Medicine department since they had many concerns. All physicians received a mailing from MCDC.

9. Pertussis

Josh Meyerson from the Health Dept. discussed the possibility of participating in a CDC study on pertussis. The CDC is looking at increasing surveillance in adolescents and adults. It is estimated that 15-20% of cough illnesses lasting > 3 weeks are actually pertussis. He needs to know our lab capabilities and our willingness to participate if they get a grant.

ADJOURNMENT

With there being no further business, the meeting was adjourned at 12:55pm.

Respectfully submitted,

Ruth TerBush-Nelle, RN, BSN
Infection Control Practitioner